STATE OF CONNECTICUT **DEPARTMENT OF SOCIAL SERVICES** OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS **25 SIGOURNEY STREET** HARTFORD, CT 06106-5033

2013 Signature Confirmation

Client ID # Request #545211

NOTICE OF DECISION

PARTY



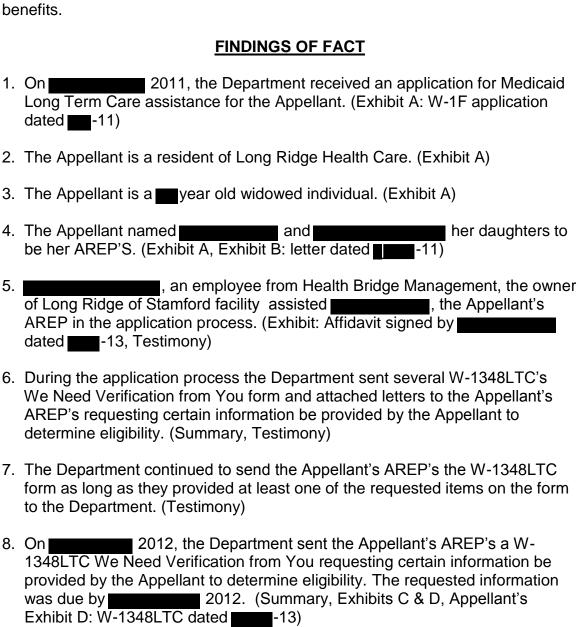
PROCEDURAL BACKGROUND

On 2013, the Department of Social Services (the "Department") sent (the "Appellant") a Notice of Action ("NOA") granting Long Term Care Medicaid benefits effective 2012.
On 2013, the Appellant requested an administrative hearing to contest the effective date of the Long Term Care Medicaid benefits as determined by the Department.
On 2013, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for 2013.
On 2013 in accordance with sections 17b-60, 17-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:
, Appellant's daughter, Authorized Representative ("AREP") , Appellant's granddaughter, Administrator of Estate , Family Attorney , Appellant's Representative Maria Escalante, Department's Representative Miklos Mencseli, Hearing Officer

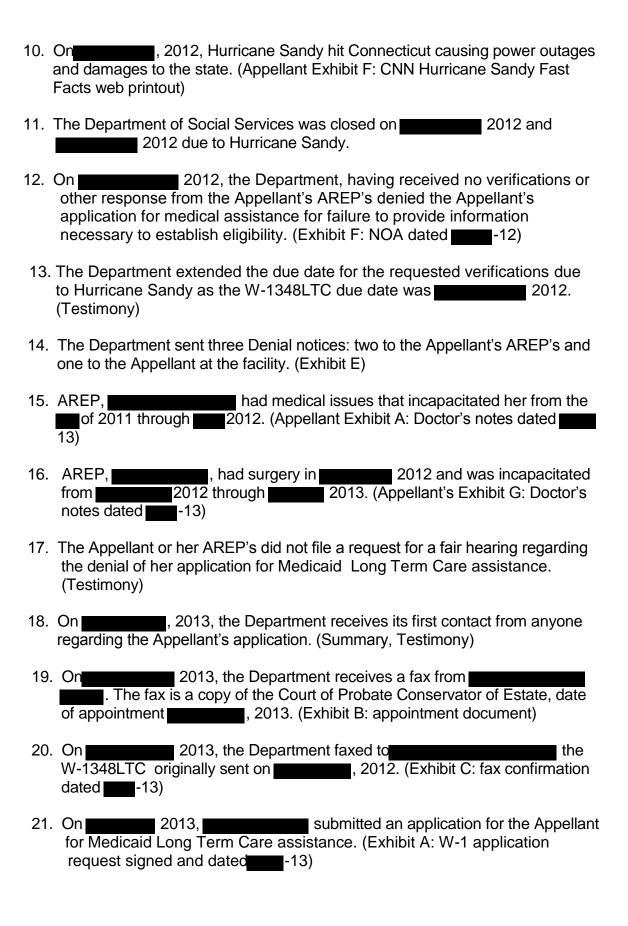
The Appellant expired on 2013.

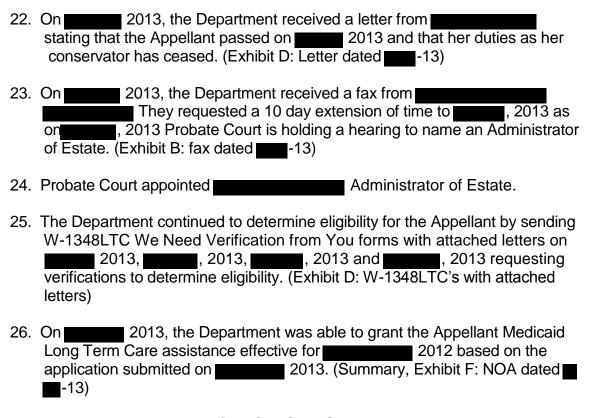
STATEMENT OF THE ISSUE

The issue to be decided is whether or not the Department was correct in its determination of the effective date of the Applicant's Long Term Care Medicaid benefits.



9. The W-1348LTC came with an attached letter clearly stating the verifications the Department was requesting. The letter stated to call the Department's worker if you have any questions and to request an extension if you can not provide all the information requested by the time limit. (Exhibit D, Appellant's Exhibit D)





CONCLUSIONS OF LAW

- 1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
- 2. Uniform Policy Manual ("UPM") § 1010.05(A)(1) provides that: the assistance unit must supply the Department in an accurate and timely manner as defined by the Department, all pertinent information and verification which the Department requires to determine eligibility and calculate the amount of benefits.
- 3. UPM § 1015.10(A) provides that the Department must inform the assistance unit regarding the eligibility requirements of the programs administered by the Department, and regarding the unit's rights and responsibilities.
- 4. The Department correctly sent the Appellant's AREP's a verification request form requesting information needed to establish eligibility.
- 5. UPM §1540.10 A provides that the verification of information pertinent to an eligibility determination or a calculation of benefits is provided by the assistance unit or obtained through the direct efforts of the Department. The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.

- 6. UPM § 1505.40(B)(5)(a) provides that for delays due to insufficient verification, regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the following has occurred:
 - 1. the Department has requested verification; and
 - 2. at least one item of verification has been submitted by the assistance unit within a time period designated by the Department but more is needed.
- 7. After sending the Appellant's AREP's a W1348LTC on 2012 with a due date of 2013, the Department did not receive at least one item of verification it had requested.
- 8. The Department extended the due date to 2013, the Department did not receive at least one item of verification it had requested.
- 9. UPM § 1505.40(B)(5)(b) provides that additional 10 day extensions for submitting verification shall be granted as long as after each subsequent request for verification at least one item of verification is submitted by the assistance unit within each extension period.
- 10. The Department correctly did not provide the Appellant's AREP an additional 10 day extension, as it did not receive at least one item of verification.
- 11. UPM §1540.15 (B) (1) (2) provides that documents are the primary sources of verification whenever such evidence can be acquired. The Department accepts any document which it feels clearly establishes the veracity of the unit's declarations without restricting the evidence to any one particular type of document.
- 12. The Appellant did not provide documentary evidence of the requested verification until after the Department denied the Appellant's application and submission of a new application.
- 13. UPM § 1540.05 (D) (1) (a) (b) provides the penalty for failure to provide required verification depends upon the nature of the factor or circumstance for which verification is required: If the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit. Factors on which unit eligibility depends directly include, but are not limited to: income amounts and asset amounts.

- 14. The Department correctly denied the Appellant's ______, 2011 medical assistance application on ______ 2012, due to the Appellant's failure to provide information necessary to establish eligibility.
- 15. UPM §1570.05 (H)(1)(a) provides for time limits for requesting a Fair Hearing. The request for a Fair Hearing must be made within a specified period of time from the date that the Department mails a notice of action. For all programs except Food Stamps, this period is 60 days.
- 16. The Appellant or the Appellant's representatives did not request a Fair Hearing regarding the denial notice mailed on 2012 within the 60 day period.
- 17. UPM §4005.10 (A)(2)(a) provides that the Medicaid asset limit for one person is \$1,600.00.
- 18. UPM § 4005.15 provides that in the Medicaid program at the time of application, the assistance unit is ineligible until the first day of the month in which it reduces its equity in counted assets to within the asset limit.
- 19. The Department was not able to establish eligibility until 2013.
- 20. UPM § 1560.10 (A) provides for begin dates of Medicaid Assistance. The beginning date of assistance for Medicaid may be one of the following: the first day of the first, second or third month immediately preceding the month in which the Department receives a signed application when all non-procedural eligibility requirements are met and covered medical services are received at any time during that particular month.
- 21. The Department correctly granted Long Term Care Medicaid effective for 2012 for the Appellant based on her 2013 application.

DISCUSSION

The Appellant's representatives argued that due to circumstances beyond their control they were unable to provide the verifications by the due date. The undersigned does not find the explanations credible and convincing. The facility going on strike has nothing to do with the application process. The Application is with the Department and it determines eligibility. It's unfortunate that the person from the facility who was assisting the Appellant's AREP got moved or reassigned but it's not her responsibility to provide verifications to the Department. The AREP did not contact the Department and request additional time or assistance. The strike occurred prior to the Department sending the last W-1348LTC. Regarding Hurricane Sandy, the Department was closed on the denial notice was not issued until 2012. The due date of the

W-1348LTC was	2012.	The Department	was not contacted	until
2013. Th	nis is beyond the	60 day limit to requ	uest a fair hearing.	The
Appellant's representa	atives provided m	edical documents	concerning the ARE	EP's.
One of the AREP's a	ccording to the r	medical document	ation was incapacit	ated
until 2013. T	he other AREP	was not and the D	epartment did send	out
three denial notices. N	lot one individual	was able to call th	e Department or su	bmit
a hearing request? In	addition, once a	new application v	vas submitted in	
2013, the Department	still had to send	4 additional reques	at forms for verificati	ons.
It was not until	2013 that the De	partment was able	e to determine eligil	bility
and grant retro assista	ance effective for	2012		

DECISION

The Appellant's appeal is **DENIED**.

Miklos Mencseli Hearing Officer

C: Alexis Kiss, Operations Manager, DSS R.O. #32 Stamford

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within **25** days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a(a) of the Connecticut General Statutes.

Reconsideration requests should include <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 25 Sigourney Street, Hartford, CT 06106.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 25 Sigourney Street, Hartford, CT 06106. A copy of the petition must also be served on all parties to the hearing.

The **45** day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than **90** days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or his designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.